

THE TEXAS TB REGISTRY SYSTEM



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

TB CASE DEFINITION

- Clinical Case

A case that meets **all** of the following criteria:

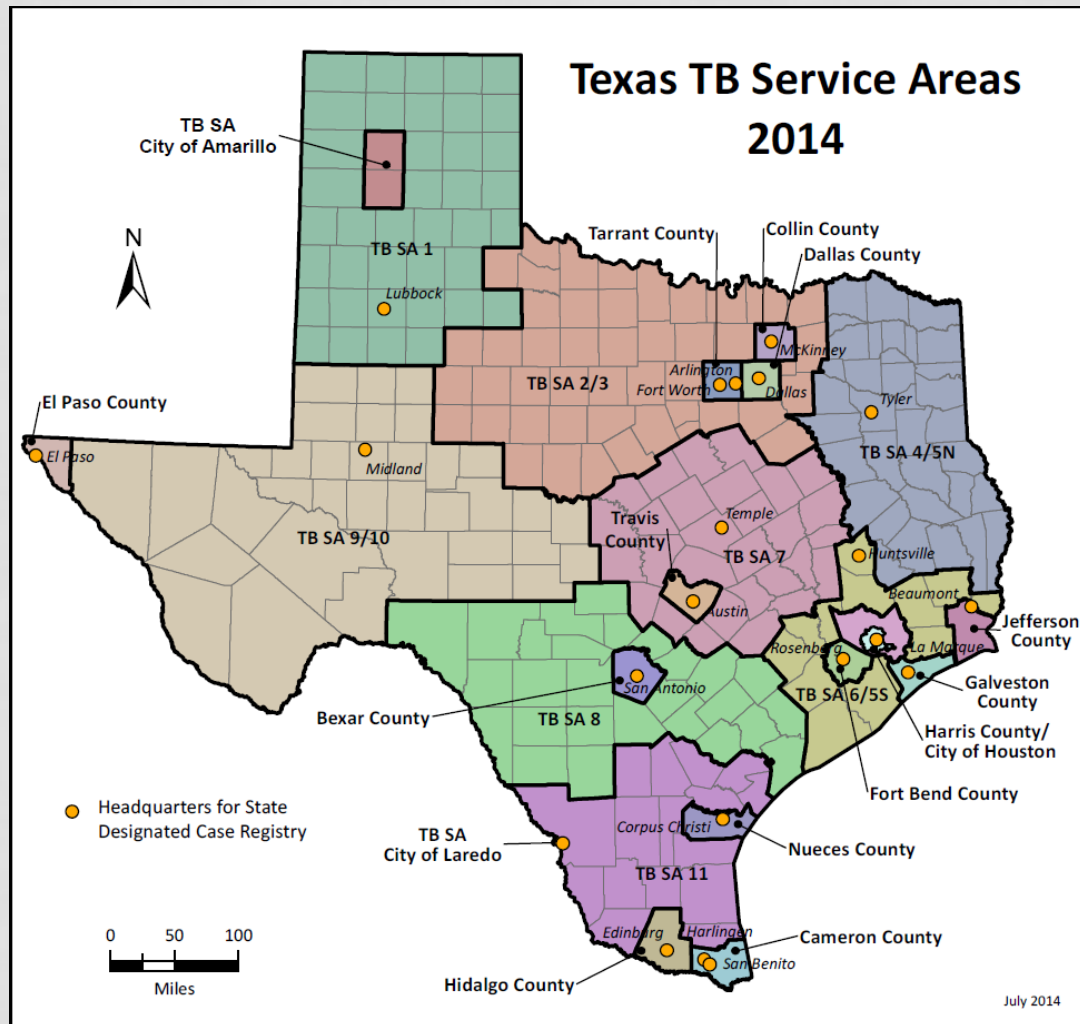
- A positive TST result or positive IGRA for *M. tuberculosis*
- Other signs and symptoms compatible with TB
- Treatment with two or more anti-TB medications
- A completed diagnostic evaluation

- Laboratory criteria for diagnosis

Any one of these:

- Isolation of *M. TB* complex from a clinical specimen
- Demonstration of *M. TB* complex from a clinical specimen
- Demonstration of acid-fast bacilli in a clinical specimen when a culture has not been or cannot be obtained or is falsely negative or contaminated.

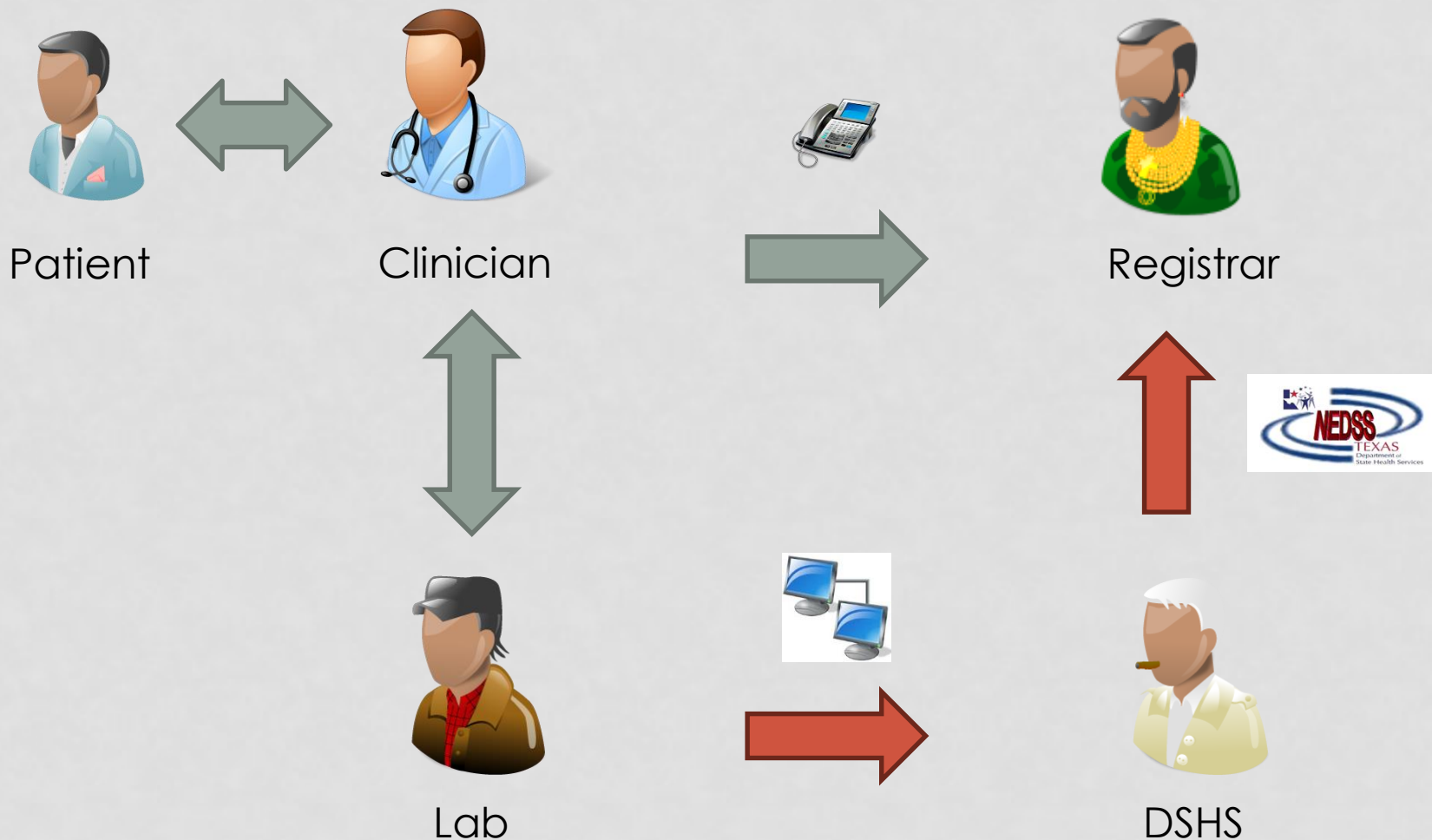
TEXAS TB REGISTRARS



WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis**, and **dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

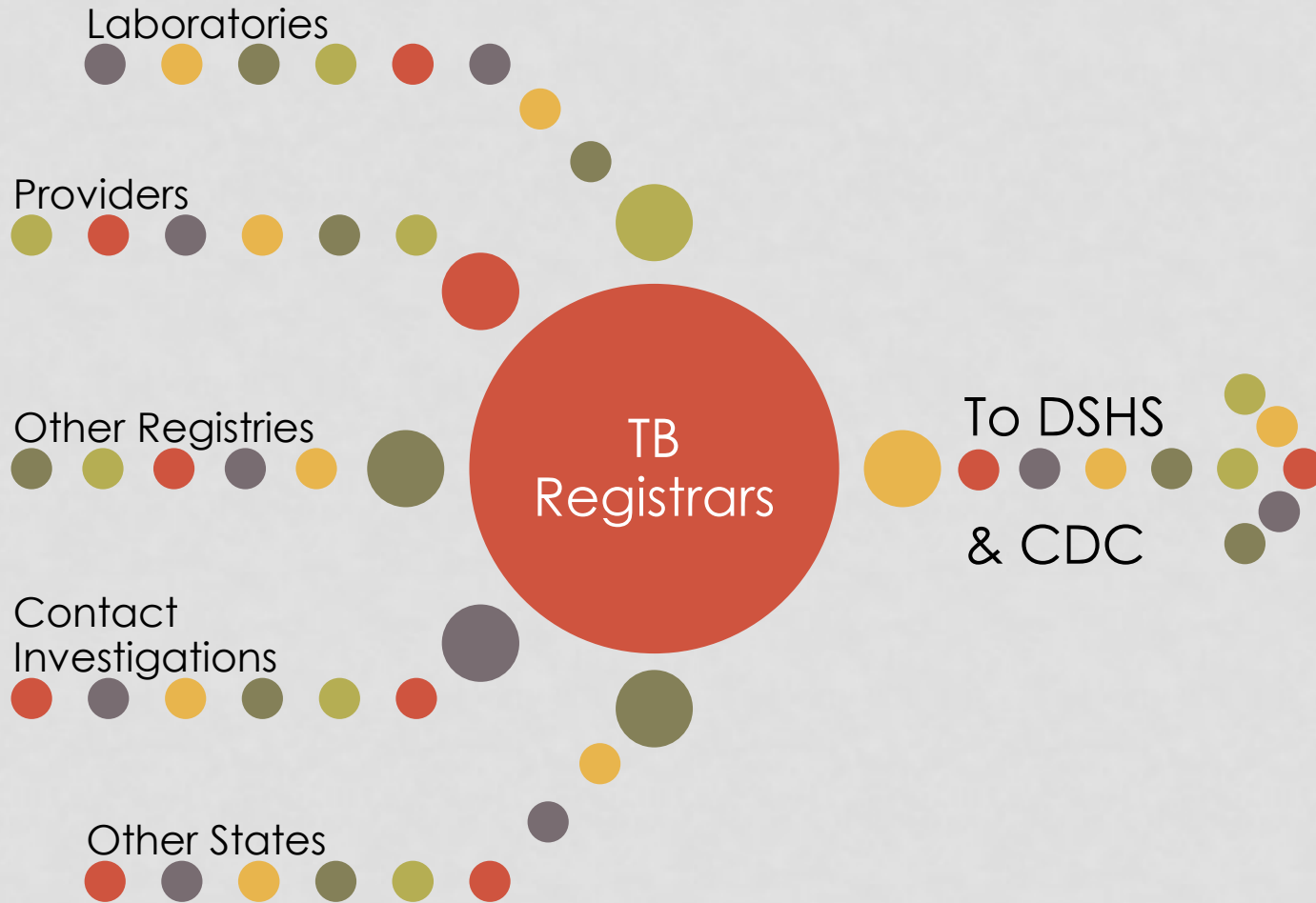
LABORATORY & PROVIDER REPORTING



OTHER REGISTRIES

- Vital Records
 - Death Records Related to TB
- Electronic HIV/AIDS Reporting System (eHARS)
 - TB HIV Co-infection
- TB Net
 - Immigrant TB History
 - National XDR/MDR
- Tracker
 - Texas MDR/XDR
- Other State's TB Registries

DATA COLLECTION SOURCES



CASE DATA COLLECTION AND REPORTING

Patient information collected on various data collection tools



```
graph TD; A[Patient information collected on various data collection tools] --> B[RVCT Form (official reporting form) completed from data collection tools]; B --> C[RVCT form sent to Central Office]; C --> D[RVCT Form reviewed, information verified and entered into TB-PAM]; D --> E[Case information transmitted to CDC];
```

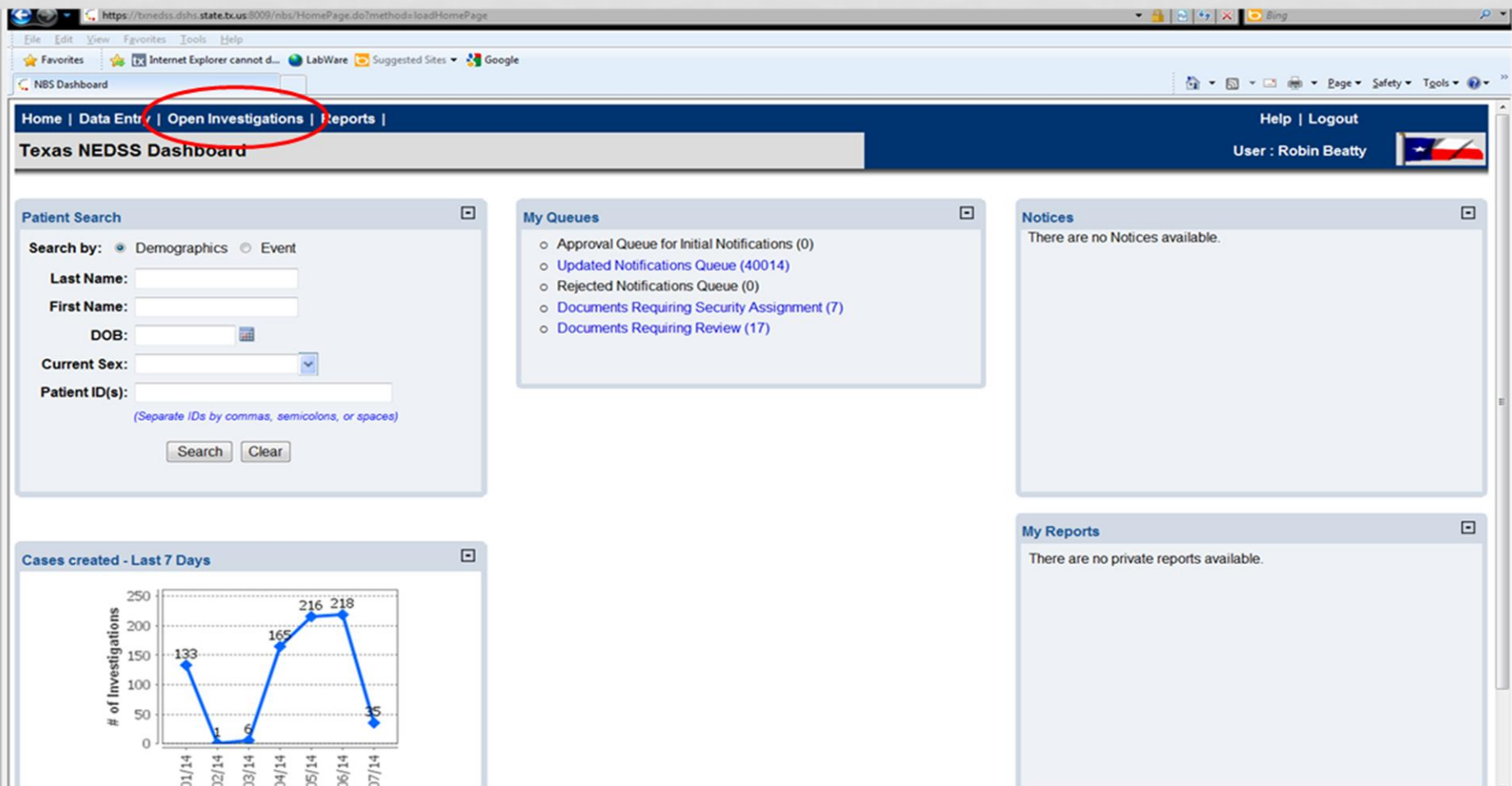
The diagram is a vertical flowchart with five steps, each in a colored box with a white border. The boxes are arranged in a descending staircase pattern from top-left to bottom-right. Arrows connect the bottom of one box to the top of the next box below it. The colors of the boxes are: red, olive green, dark olive green, yellow-orange, and dark purple.

RVCT Form (official reporting form)
completed from data collection tools

RVCT form sent to Central Office

RVCT Form reviewed, information
verified and entered into TB-PAM

Case information transmitted to CDC



IMPORTED INTO TBPAM

WHAT REGISTRARS COLLECT

- RVCT
- Follow Up 2 Pages 5-6 Case Completion report
 - For cases when treatment stopped
 - For cases transferred in from an out of state jurisdiction within the U.S.
 - FU2 P5-6 not necessary for Suspects, when it becomes a case
 - FU2 P5-6 not applicable for Cases reported “dead” at diagnosis
- TB-340 and 341
- TB Suspect Case Verification Report
- Counted Case Verification Report


RVCT

Report of Verified Case of Tuberculosis

Print
Clear

Patient's Name
(Last) (First) (M.I.)

Street Address
(ZIP Code)



TEXAS
Department of
State Health Services

REPORT OF VERIFIED CASE OF TUBERCULOSIS

1. Date Reported <div style="display: flex; justify-content: space-between;"> <div>Month </div> <div>Day </div> <div>Year </div> </div>	3. Case Numbers <div style="display: flex; justify-content: space-between;"> <div>Year Reported (YYYY) </div> <div>State Code </div> <div>Locally Assigned Identification Number </div> </div> <div>State Case N </div> <div>City/County Case </div> <div>Linking State Case Number </div> <div>Linking State Case Number </div>
2. Date Submitted <div style="display: flex; justify-content: space-between;"> <div>Month </div> <div>Day </div> <div>Year </div> </div>	<div style="text-align: right; font-size: small;">Reason:</div> <div style="border-bottom: 1px solid black; width: 100px;"></div>

4. Reporting Address for Case Counting <div>City </div> <div style="text-align: center; font-size: small;">Within City Limits (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>County </div> <div>ZIP CODE - </div>	8. Date of Birth <div style="display: flex; justify-content: space-between;"> <div>Month </div> <div>Day </div> <div>Year </div> </div>
5. Count Status (select one) <div>Countable TB Case</div> <div><input type="checkbox"/> Count as a TB case in your jurisdiction</div> <div>Noncountable TB Case</div> <div><input type="checkbox"/> Verified Case: Counted by another U.S. area (state)</div> <div><input type="checkbox"/> Verified Case: TB treatment initiated in another country. Specify </div> <div><input type="checkbox"/> Verified Case: Recurrent TB within 12 months after completion of therapy</div>	6. Date Counted <div style="display: flex; justify-content: space-between;"> <div>Month </div> <div>Day </div> <div>Year </div> </div>
7. Previous Diagnosis of TB Disease (select one) <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="font-size: small;">If YES, enter year of previous TB disease diagnosis:</div> <div></div>	9. Sex at Birth (select one) <div><input type="checkbox"/> Male <input type="checkbox"/> Female</div> 10. Ethnicity (select one) <div><input type="checkbox"/> Hispanic or Latino</div> <div><input type="checkbox"/> Not Hispanic or Latino</div> 11. Race (select one or more) <div><input type="checkbox"/> American Indian or Alaska Native</div> <div><input type="checkbox"/> Asian: Specify </div> <div><input type="checkbox"/> Black or African American</div> <div><input type="checkbox"/> Native Hawaiian or Other Pacific Islander: Specify </div> <div><input type="checkbox"/> White</div>
12. Country of Birth <div>"U.S.-born" (or born abroad to a parent who was a U.S. citizen) (select one) <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div>Country of birth: Specify </div>	13. Month-Year Arrived in U.S. <div style="display: flex; justify-content: space-between;"> <div>Month </div> <div>Year </div> </div>

14. Pediatric TB Patients (<15 years old)

16. Site of TB Disease (select all that apply)

REQUIRED RVCT DATA ELEMENTS

1. Complete name
2. Social security number
 - a. 999-99-9999 if they have a ssn but is unknown
 - b. 000-00-0000 if undocumented immigrant
3. Sex
4. Date of birth
5. Race and ethnicity
6. Country of origin; If non U.S., date of entry into the U.S.
- ...

REQUIRED RVCT DATA ELEMENTS

7. Address
 - a. city
 - b. county
 - c. zip-code with 4 digit code and if in or outside city limits;
 - d. If diagnosed while in a facility or shelter, the name of the facility or shelter (Include address verification)
8. Criteria for confirmed case of TB must be documented on the case verification report.
9. Copy of Non DSHS lab report if case is a lab confirmed case and susceptibilities
10. Criteria for clinical case
11. Criteria for clinical case by provider diagnosis

FOLLOW UP 1 AND 2

Patient's Name 		REPORT OF VERIFIED CASE OF TUBERCULOSIS																																																													
Street Address 		(Number, Street, City, State) 																																																													
		REPORT OF VERIFIED CASE OF TUBERCULOSIS																																																													
Initial Drug Susceptibility Report		(Follow Up Report – 1)																																																													
Year Counted 	State Case Number 																																																														
	City/County Case Number 																																																														
Submit this report for all culture-positive cases.																																																															
38. Genotyping Accession Number Isolate submitted for genotyping (select one): <input type="checkbox"/> No <input type="checkbox"/> Yes If YES, enter genotyping accession number for episode: 																																																															
39. Initial Drug Susceptibility Testing Was drug susceptibility testing done? (select one) <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown If NO or UNKNOWN, do not complete the rest of Follow Up Report – 1																																																															
If YES, enter date FIRST isolate collected for which drug susceptibility testing was done: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> Month Day Year </div> <div> Enter specimen type: <input type="checkbox"/> Sputum OR If not Sputum, enter anatomic code (see list): </div> </div>																																																															
40. Initial Drug Susceptibility Results (select one option for each drug) <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th></th> <th>Resistant</th> <th>Susceptible</th> <th>Not Done</th> <th>Unknown</th> <th></th> <th>Resistant</th> <th>Susceptible</th> <th>Not Done</th> <th>Unknown</th> </tr> </thead> <tbody> <tr> <td>Isoniazid</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Capreomycin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Rifampin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ciprofloxacin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Pyrazinamide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Levofloxacin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Ethambutol</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Ofloxacin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Streptomycin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Moxifloxacin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					Resistant	Susceptible	Not Done	Unknown		Resistant	Susceptible	Not Done	Unknown	Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Capreomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rifampin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Moxifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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FOLLOW UP 2 REQUIREMENTS

- Date of Sputum conversion if sputum positive
- Updated locating information if patient moved during treatment
- Drug Therapy information
 - Total weeks of directly observed therapy
- Drug stop date and justification
- Final Susceptibilities

CONTACT AND SUSPECTS

TB-340

for contacts to
confirmed cases
for suspected cases
(hold until disease ruled
out)

TB Program Evaluation										Page <u>1</u> of <u>1</u>																									
Report of Follow-up and Treatment for Contacts to TB Cases and Suspects										1. RVCT #: 																									
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;"> Date: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> SAVE PRINT RESET </div> <div style="font-size: 0.8em; color: red; margin-top: 5px;">Save Copy before Resetting!</div> </div> <div style="text-align: right;"> TB Program Evaluation Report of Follow-up and Treatment for Contacts to TB Cases and Suspects </div> </div>																																			
A. Case/Suspect Information																																			
2. Name: First		Middle		Last		3. DOB:		4. SSN:		5. Sex: <input type="checkbox"/> M <input type="checkbox"/> F																									
										6. Race: <input type="checkbox"/> White <input type="checkbox"/> Black/Afr. American <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Asian <input type="checkbox"/> Amer. Indian/Alaskan <input type="checkbox"/> Not Hisp./Latino <input type="checkbox"/> Other <input type="checkbox"/> Hawaiian/Pacific Is																									
7. Street:		Apt#: City:		County:		Zip Code:		Census Tract:		8. Home Phone: Work Phone:																									
9. Suspect/Case:		10. Status: <input type="checkbox"/> New <input type="checkbox"/> Recurrent <input type="checkbox"/> <365		11. Predominant Sites: <input type="checkbox"/> Pulmonary <input type="checkbox"/> Laryngeal <input type="checkbox"/> Other:		12. Is Case Married? <input type="checkbox"/> Yes <input type="checkbox"/> No		13. Daycare Attendee/Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
14. TST Date: mm		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>		18. Bacteriology <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Specimen</th> <th>Collection Date</th> <th>Smear</th> <th>Culture</th> <th>Culture ID</th> <th>Resistant to:</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>								Specimen	Collection Date	Smear	Culture	Culture ID	Resistant to:																		
Specimen	Collection Date	Smear	Culture									Culture ID	Resistant to:																						
15. Date Treatment Started: 		IGRA Date: 		Positive: Yes <input type="checkbox"/> No <input type="checkbox"/>																															
16. Adherent to Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		17. CXR Date: 		Reading: 		Cavitary: Yes <input type="checkbox"/> No <input type="checkbox"/>		22. Did patient have contact with livestock or consume unpasteurized dairy? <input type="checkbox"/> Yes <input type="checkbox"/> No																											
19. Infectious Period Dates: To 		20. DOT: <input type="checkbox"/> Yes <input type="checkbox"/> No		21. Source Case Name: <input type="checkbox"/> Unknown		23. Comments: <small>Click on "Enter" to start new line.</small>		25. Priority Criteria: <input type="checkbox"/> Pos Sputum Smear <input type="checkbox"/> Laryngeal <input type="checkbox"/> Child (5<15) <input type="checkbox"/> Pos Sputum Culture <input type="checkbox"/> Military <input type="checkbox"/> Correctional Facility Inmate <input type="checkbox"/> Cavitary X-Ray <input type="checkbox"/> MDR-TB <input type="checkbox"/> Long term Facility Resident <input type="checkbox"/> Pulmonary <input type="checkbox"/> Child (<5) <input type="checkbox"/> Recent Converter																											
26. Fewer than 3 contacts identified due to: <input type="checkbox"/> Patient refused to cooperate <input type="checkbox"/> Patient died <input type="checkbox"/> Patient lost to follow-up <input type="checkbox"/> No contact information <input type="checkbox"/> Other		27. Date assistance requested: 		Name of assistance: 		24. Identified in prior contact investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No		28. Social Behavior Risk: <input type="checkbox"/> 900 Positive <input type="checkbox"/> HBV Positive <input type="checkbox"/> Excessive alcohol use <input type="checkbox"/> Mental Illness <input type="checkbox"/> Dementia <input type="checkbox"/> Other Substance Abuse																											
B. Interview & Exposure Site Information																																			
1. Interview Date: 		Interviewed By: 		Last Name: 		First Name: 		Clinic: 		3. Date Home/Other Site Visit 1: Date Home/Other Site Visit 3: 																									
2. Interview Date: (>7 days after) 										Date Home/Other Site Visit 2: Date Home/Other Site Visit 4: 																									
Site #	4. Site Name	Location <small>Click on "Enter" to start new line.</small>				5. Site Type				6. Est. # Exposed																									
1	 	 				<input type="checkbox"/> Airplane/Pub. Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				 																									
2	 	 				<input type="checkbox"/> Airplane/Pub. Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				 																									
3	 	 				<input type="checkbox"/> Airplane/Pub. Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				 																									
4	 	 				<input type="checkbox"/> Airplane/Pub. Transport. <input type="checkbox"/> Daycare <input type="checkbox"/> Hospital/Medical <input type="checkbox"/> Office/Workspace <input type="checkbox"/> Colonia <input type="checkbox"/> Dorm <input type="checkbox"/> Leisure/Recreation <input type="checkbox"/> School/College <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Home/Residence <input type="checkbox"/> Nursing Home <input type="checkbox"/> Other (Specify)				 																									
7. Media Involvement? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, Media source & contact: 																																			

TB-340 REQUIREMENTS

- **A. Case/Suspect Information**

- Case or suspect record must have already been reported
- Last Name, First Name, and Middle Name
- DOB
- SSN if applicable
- Culture ID
- Compliant with therapy
- Source Case (enter “*unknown*” if the source case has not or cannot be determined)
- If duplicate contacts, what is the name of the index case?
- If no contacts were identified, what is the rationale?

- **B. Interview Information**

- Date case/suspect reported
- Name of Interviewer
- Date Interview Conducted
- Clinic, PMD or other facility responsible for conducting the interview

MORE TB-340 REQUIREMENTS

- **C. Contact Information**

- Last, First, and Middle Name
- SSN if applicable
- Sex
- Race and Ethnicity
- Address If unknown, city and county will default to that of the source case
- Relationship of the contact to the case/suspect?
- Exposure Risk
- Exposure Site
- Date contact broken If contact not broken, indicate as "ongoing"
- History of positive TST
- Current TST date and results in millimeters? Positive? Yes or No? If 1st, 2nd or 3rd was recommended and contact refused, indicate as "refused TST".
- CXR date? If CXR done, normal or abnormal? If a CXR was recommended and the contact refused, indicate as "refused CXR".
- Date Treatment started - Enter date only if TB disease was ruled out and contact is started on preventive treatment only. Previous dates can be entered in comments.
- If drug start and drug stop dates are left blank, will not default to "not started on treatment –
- If not started on treatment, Indicate if "SNLN" or "refused" or treatment was not recommended. If treatment was not recommended, indicate the number of months recommended as "'0".
- Treatment stopped - Indicate the corresponding closure code.
- If contact moved to a known destination, was a referral sent
- Number of months recommended and actually taken
- Clinic following contact

WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

TRANSMISSION TO CENTRAL OFFICE

WINZIP
A COREL COMPANY

Select a language ▼

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KnowledgebaseAsk a Question

Search: [Advanced search](#)

Knowledgebase

- Customer Service
- FAQ
- Videos
- WinZip
 - Zippping and Unzippping
 - Ribbon Interface
 - Power Tips and Miscellaneous
 - WinZip Backup and Camera
 - Encryption
 - How do you encrypt files**
 - What is AES Encryption?
 - What is the password for
 - How strong is WinZip's er
 - What can I do to remov
 - What can I do if I forget t
 - Password Policy for Encry
 - Is WinZip AES FIPS 140-2
 - Filenames display without
 - What are the registry sett
 - Is WinZip HIPAA compliar
 - How do I use the "wipe"...
 - Protecting Your Files: Qui
- Email
- WinZip Express
- WinZip Courier
- WinZip Mac Edition
- Cloud Services
- WinZip for Windows 8

[KB Home](#) / [WinZip](#) / [Encryption](#) / How do you encrypt files in a Zip file with WinZip?

How do you encrypt files in a Zip file with WinZip?

WinZip creates Zip files and abides by the published [ZIP Application Note](#). In Zip files, encryption is applied only to the content of files. It is performed after compression, and not to any other associated data. Data in a Zip file is encrypted byte-for-byte.

WinZip can encrypt files while you create Zip files (.zip or .zipx) and can also add encryption to existing Zip files.

Article ID: 78
Last updated: 22 Nov, 2013
[Print](#)
[Email to friend](#)
Views: 219104

Encrypt while creating Zip files

WinZip ribbon interface

1. Click the **Encrypt** button in the [Create/Share \(Edit\)](#) tab
2. If you have not already done so, use the **Conversion Settings** drop down menu on the [Settings](#) tab to set your encryption level
3. [Create a new Zip file](#)
4. Enter a password when the **Encrypt** dialog displays
5. Save the Zip file

Legacy menus/toolbar

1. Open WinZip and click **Add**
2. In the **Add** dialog, check the **Encrypt added files** box
3. When the **Encrypt** dialog displays specify an **Encryption method**
4. Enter a password and click OK
5. Save the Zip file



The Texas Public Health Information Network



TEXAS Department of State Health Services

The Texas Public Health Information Network (PHIN) is an online portal containing a collection of applications which provide users with a range of functions to carry out public health preparedness goals and duties. [Click here](#) for a tutorial on registering and navigating the PHIN, and [here](#) for Health Alert Network (HAN) training.

To learn more about TXPHIN, please visit [About TXPHIN](#)

Sign In to Your Account

Email


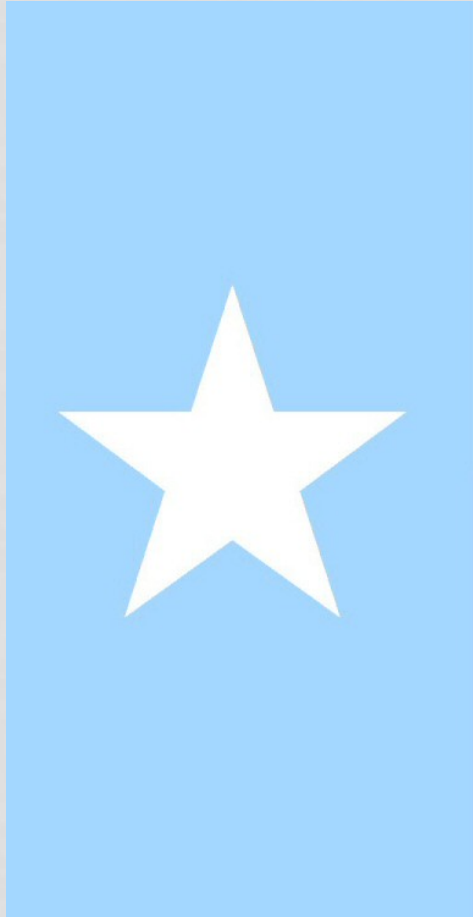
Password

[Forgot password?](#)

☐ Remember me

Need an account?
[Sign up.](#)

TBPAM/NEDSS



Please enter your username and password below. Once you have finished press submit to log onto the application.

Username:

Password:

[Change your Password?](#)

[Technical FAQ](#)

[NEDSS Help](#)

[Documentation](#)



[Return to Open Investigations](#)

[Print](#)

Robin Beatty | Female | 01/01/1952 (52 Years)

Patient ID: 123456

Summary | Events | Demographics

[Expand All](#) | [Collapse All](#)

Patient Summary

Go to: [Patient Summary](#) | [Open Investigations](#) | [Documents Requiring Review](#)

▢ Patient Summary

[Back To Top](#)

Address (Home)
John Peter Smith Hospital
1500 South Main
Fort Worth, Texas 76104
Tarrant County

No Phone Info Available

No ID Info Available

Race
No Race Info Available
Ethnicity
No Ethnicity Info Available

▢ Open Investigations (1)

[Back To Top](#)

Start Date	Conditions	Case Status	Notification	Jurisdiction	Investigator	Investigation ID
08/08/2014	Tuberculosis	Suspect		Tarrant CO Public Health Dept		CAS482097063TX01

▢ Documents Requiring Review (0)

[Back To Top](#)

[Previous](#) [Next](#)

Summary | Events | Demographics

[Print](#)

CONTACTS DATABASE

External Contacts Main Database		
Direct Data Entry	Database Maintenance	Reporting
Add Contacts (New Forms)	Apply Updates	Line List of Cases Missing Contacts
Add Contacts (Old Forms)	Export Analysis Dataset	Line List of Contacts Identified as Cases
Enter your Initials: <input type="text" value="JPI"/>	Backup Database	Export Final Analysis Table (EOY Reporting)
View All Contacts	Create New User	Run Summary Aggregate Report
	Import New Cases	Run Quarterly Performance Measures
	Additional Dataset Maintenance	

Exit

MAVEN

Maven Disease Surveillance Suite

Workflows

Workflow Queue	Events
Cases with Open Concerns	3 (0)

More ...

Tasks

Type	Priority	Name	Disease
No tasks to display			

More ...

Recent Cases

Event ID	Name	Disease
100000088	Cat, Tom F Jr.	900 - HIV Case Report Form - Adult
100000087	Cat, Tom F Jr.	900 - HIV
100000073	Sam, Yosamity J	900 - HIV Case Report Form - Adult
100000028	two, test	900 - HIV Case Report Form - Adult
100000042	hiv, hiv	900 - HIV Case Report Form - Adult

More ...

Welcome To Maven Disease Surveillance Suite

This is customizable area for deployment specific dashboard content.
To get started, please review the latest [user guide](#).

Activity

Activity Summary as of 10/29/2014 11:08 AM

Type	# Last Week	# Average Last 4 Weeks	# Last 52 Weeks
100 - Chancroid	1	1	7
300 - Gonorrhea	1	1	5
700 - Syphilis	3	7	32
200 - Chlamydia	0	0	1
900 - HIV	0	1	11
900 - HIV Case Report Form - Adult	0	3	13
900 - HIV Case Report Form - Pediatric	0	1	5
Facility	0	0	5
Provider	0	0	5
Tuberculosis	0	1	7

Help Desk

[Contact Us](#)

[Email Us](#)

1-800-SUPPORT

help@support.org

WHAT IS A REGISTRY?

A registry is an organized system for the **timely collection, storage, retrieval, analysis, and dissemination** of information on individual persons who have a particular disease, or a risk factor that predisposes the occurrence of a health-related event.

CDC CASE REPORTING

- Daily, case information is transmitted to CDC
- Processed by CDC weekly in NTSS (CDC system)
- Progress toward CDC objectives displayed on NTIP

CDC Centers for Disease Control and Prevention
Your Online Source for Credible Health Information

National Tuberculosis Indicators Project Version 3.2.1

Home | Reports | Line List | ARPEs | Help/Resources | Contact Us | Logout

CDC Search:

Texas Indicator Summary 2009 to 2013

National Tuberculosis Indicators Project
Data Updated: 08/03/2014

National TB Program Objectives	2009	2010	2011	2012	2013	National Targets 2015
Completion of Treatment (%)	89.4	85.2	87.8	89.9	69.4	93.0
TB Case Rates (cases/100,000)						
• U.S.-born Persons	3.4	3.0	2.9	2.6	2.5	0.7

Report List

[View](#) Current Data
[Edit](#) Texas
[Remove](#) Indicator Summary 2013

Page: 1



Aggregate Reports For Tuberculosis Program Evaluation

Follow-up and Treatment for Contacts to Tuberculosis Cases

Program Area: Texas [Excludes Houston]

Cohort Year: 2012

Date Report Updated: 09/10/2013 (Format: MM/DD/YYYY)

Part I. Cases and Contacts

	Types of Cases for Investigation:		
	Sputum Smear +	Sputum Smear - Cult. +	Others
Cases reported in RVCT	401	192	
Cases for Investigation	397 (a1)	186 (a2)	
Cases with No Contacts	45 (b1)	30 (b2)	
Number of Contacts	9547 (c1)	3765 (c2)	2691 (c)
Evaluated	6446 (d1)	2182 (d2)	1648 (d)
TB Disease	41 (e1)	6 (e2)	5 (e)
Latent TB Infection	1907 (f1)	549 (f2)	454 (f)
Started Treatment	1010 (g1)	192 (g2)	259 (g)
Completed Treatment	277 (h1)	74 (h2)	107 (h)
Reasons Treatment Not Completed:			
Death	0	0	0
Contact Moved(follow-up unknown)	14	0	4
Active TB Developed	1	1	0
Adverse Effect of Medicine	18	0	4
Contact Chose to Stop	86	15	29
Contact is Lost to Follow-up	84	12	14
Provider Decision	21	3	6

Part II. Evaluation Indices

No-Contacts Rate	11.3 (b1/a1),%	16.1 (b2/a2),%	
Contacts Per Case	24.0 (c1/a1)	20.2 (c2/a2)	
Evaluation Rate	67.5 (d1/c1),%	57.9 (d2/c2),%	61.2 (d/c),%
Disease Rate	0.6 (e1/d1),%	0.3 (e2/d2),%	0.3 (e/d),%
Latent Infection Rate	29.6 (f1/d1),%	25.2 (f2/d2),%	27.5 (f/d),%
Treatment Rate	52.9 (g1/f1),%	34.9 (g2/f2),%	57.0 (g/f),%
Completion Rate	27.4 (h1/g1),%	38.5 (h2/g2),%	41.3 (h/g),%

WHAT ARE THE USES OF INFORMATION IN REGISTRIES

- Conducting Research Gaining Understanding
 - Examining trends of disease over time
 - Determining the incidence of disease
 - Estimating survival
 - Evaluating health effects of specific exposures
 - Investigating etiologic hypotheses
- Informing the Public
- Informing Policy
- Directing Resources
 - Estimating magnitude of a problem
- Evaluation
 - Assessing service delivery and identifying groups at high risk

HOW SURVEILLANCE FITS INTO THE GENOTYPING INFORMATION FLOW

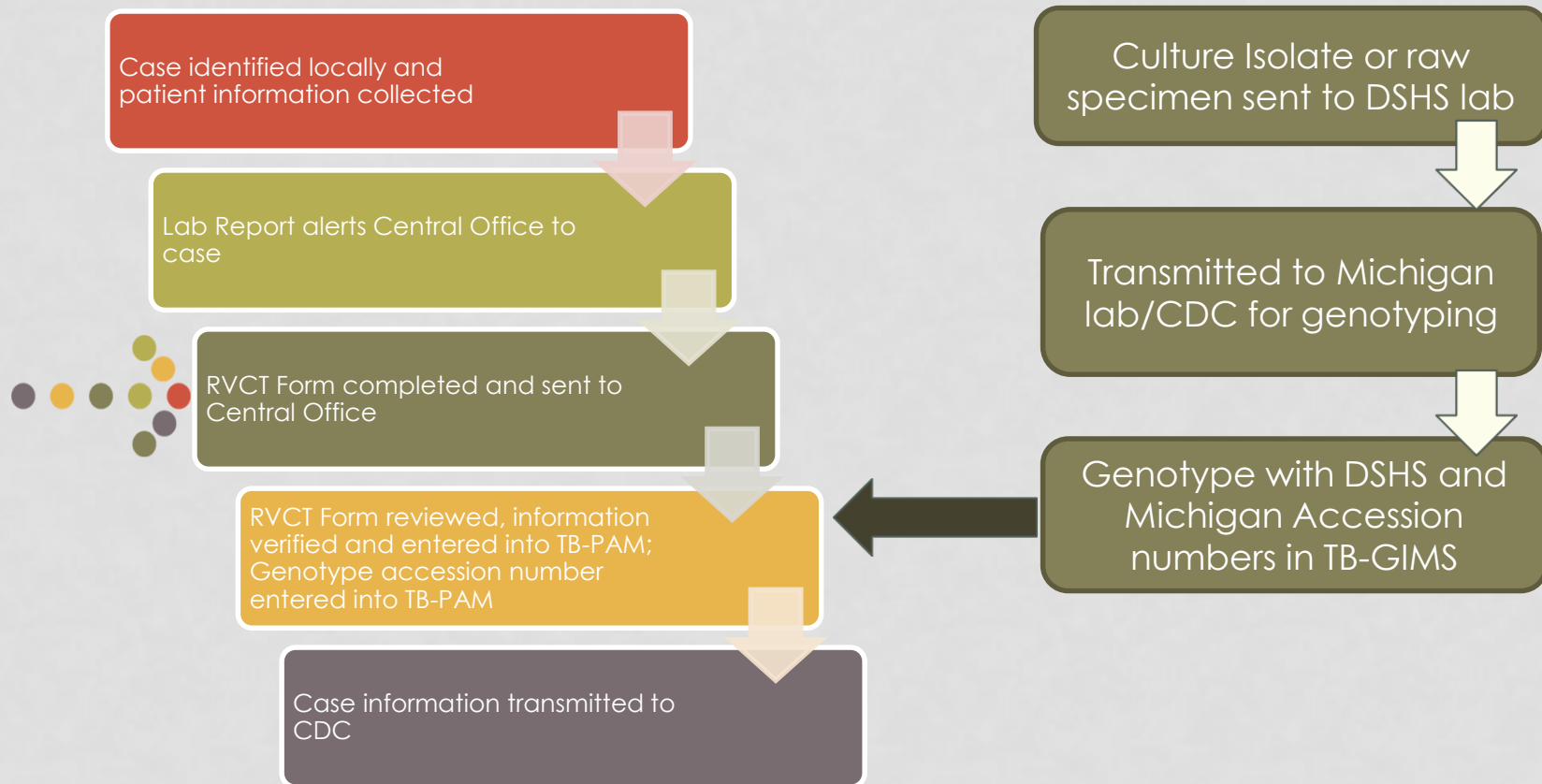
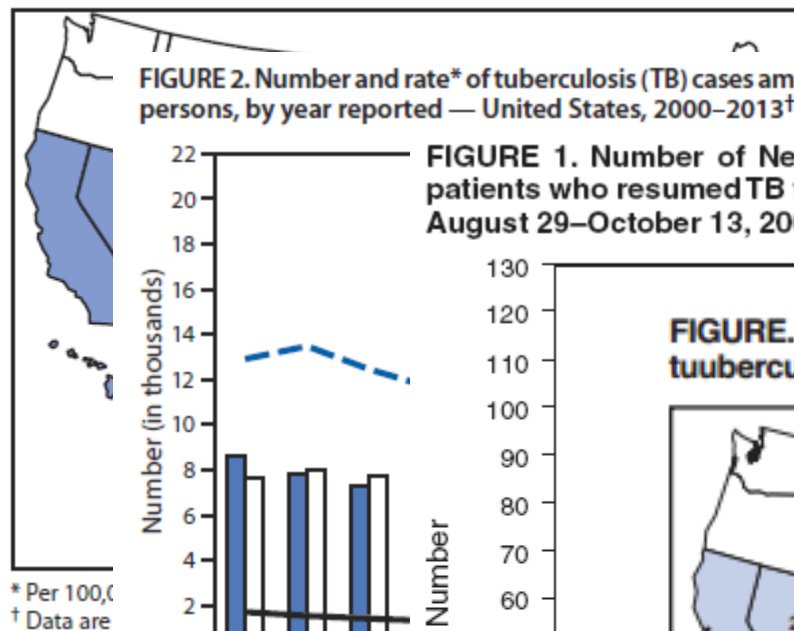


FIGURE 1. Rate* of tuberculosis cases, by state/area — United States, 2013†



* Per 100,000
† Data are

FIGURE 2. Number and rate* of tuberculosis (TB) cases among U.S.-born and foreign-born persons, by year reported — United States, 2000–2013†

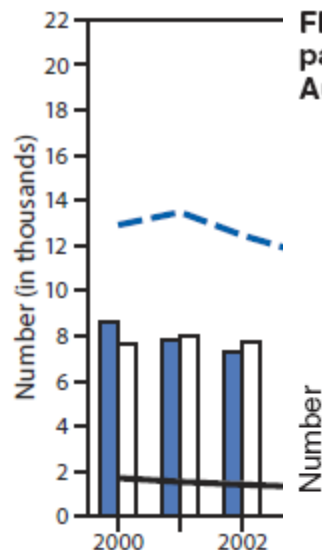
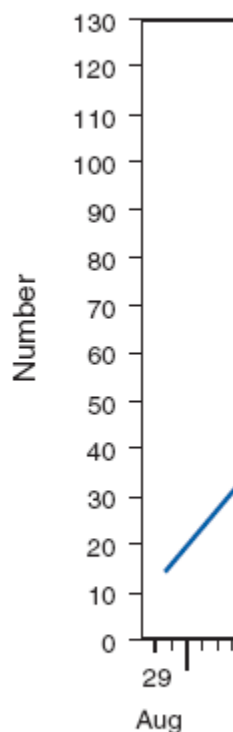


FIGURE 1. Number of New Orleans-area tuberculosis (TB) patients who resumed TB treatment (if indicated),* by date — August 29–October 13, 2005



* After landfall of Hurricane Katrina
† Excludes New Orleans

March 21, 2014

FIGURE. Number of reported cases of extensively drug-resistant tuberculosis (XDR TB)* — United States, 1993–2006

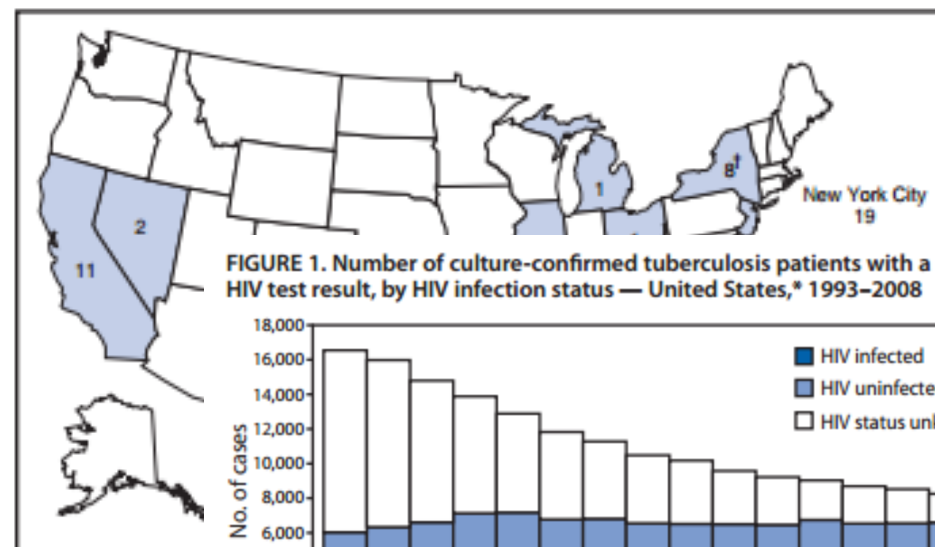
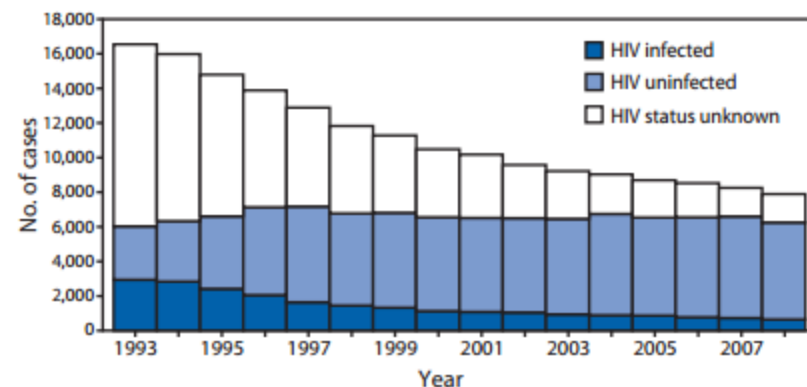


FIGURE 1. Number of culture-confirmed tuberculosis patients with a recorded HIV test result, by HIV infection status — United States,* 1993–2008



* Excludes California data because of lack of HIV data on patients with tuberculosis without AIDS.

WHAT IS A REGISTRY?

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REMEMBER TIMELY?

- A suspected or confirmed case of TB should be reported to the local health authority within one working day of identification as a suspected case.
- An initial RVCT should be submitted to DSHS within 24 hours of receipt of case defining lab or clinical report.
- Report 100% of all TB cases (ATS classification 3) using a DSHS approved form, with all the required reporting fields complete within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Submit an updated DSHS Tuberculosis Services Branch approved form whenever a change in information in a required reporting field occurs for all TB cases.
- Submit 100% of all initial, follow up, and last positive *Mycobacterium tuberculosis* culture laboratory reports and drug susceptibilities as well as the first negative culture report after the last positive within seven (7) days of notification to DSHS TB/HIV/STD Epidemiology and Surveillance Branch.

REMEMBER TIMELY?

- Submit within fourteen (14) days of the initial case or suspect report, an initial report of contacts on forms TB-340 and TB-341 to the DSHS TB/HIV/STD Epidemiology and Surveillance Branch. Follow-up information shall be submitted at intervals not exceeding 90 days, 120 days and 2 years;
- A suspected case should have disposition within 90 days of report date
- LTBI's should be reported to the local health authority within 7 working days of being diagnosed (*Central Office surveillance does not enter this data unless contact to a case)
- Submit within seventy-two (72) hours of notification any changes in case management, drug resistance patterns, or change of residence of all drug resistant TB cases to DSHS Tuberculosis Services Branch.